MAXIMUS Federal Services

Case Number:	CM15-0048884		
Date Assigned:	03/20/2015	Date of Injury:	10/23/2012
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female who sustained an industrial injury on 10/23/2012. Her diagnoses, and/or impressions, include right shoulder tendonitis and impingement syndrome; left shoulder pain; bilateral hip pain; bilateral wrist pain; and bilateral knee enthesopathy status: post bilateral knee replacement. No recent x-rays or magnetic resonance imaging studies were noted. Her treatments have included physical therapy for the bilateral knees and shoulders and modified work duties. In the progress note dated 1/16/2015, she reported radiating shoulder pain to her head and down the upper back, and to request medications. The physician's requests for treatment included Flexeril, Lidocaine 5% patches, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 10mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating shoulder pain. Flexeril is being prescribed on a long-term basis. The claimant is also being prescribed Tramadol. She is not taking an oral non-steroidal anti-inflammatory medication. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.

Lidocain 5% patches quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scudds, 1995: Lidocaine Indication:Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating shoulder pain. Flexeril is being prescribed on a long-term basis. The claimant is also being prescribed Tramadol. She is not taking an oral non-steroidal anti-inflammatory medication. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

Protonix 40mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating shoulder pain. Flexeril is being prescribed on a long-term basis. The claimant is also being prescribed Tramadol. She is not taking an oral non-steroidal anti-inflammatory medication.Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She is not taking a non-steroidal anti-inflammatory medication. Guidelines do not recommend that a proton pump inhibitor such as Protonix be prescribed.